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**\*BIBDATASHEET\*****CONFIRMATION NO. 9989**

Bib Data Sheet

SERIAL NUMBER 10/015,476	FILING DATE 12/13/2001  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. HOOV 120
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/038,506 11/09/2001  
 which is a CIP of 10/032,378 10/26/2001  
 which is a CIP of 09/844,225 04/27/2001 PAT 6,517,536  
 which is a CIP of 09/747,609 12/22/2000 PAT 6,546,935  
 which claims benefit of 60/200,072 04/27/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 02/05/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY OH	SHEETS  DRAWING 66	TOTAL  CLAIMS 19	INDEPENDENT  CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Rollins</i>	Initials		

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**TITLE****TRANSMURAL ABLATION DEVICE**

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input checked="" type="checkbox"/> All Fees
		<input checked="" type="checkbox"/> 1.16 Fees ( Filing )
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